STATE OF NEW YORK BOARD OF ELECTIONS DISCLOSURE STATEMENT — COVER PAGE

Title ANY FALSE INFORMATION IN THIS STATEMENT MAY BE A CLASS A MISDEMEANOR, PL	Date Signed Phone num			
Name – Print or type	Signature	L oo		
	CATION - sign in black or blue ink only ete to the best of my knowledge, information and	belief		
Treasurer Resignation Report: Copy of letter of resignation attached.				
Amendment Report Date of original report/	thousand dollars.			
Termination Report (you cannot terminate if any funds or debts remain)	the total expenditures of this c			
statements.	committee which supports only close of this reporting period r	one candida	te, and at	the
6	I state that I am a candidate or a	treasurer of a	→ n authoriz	:ed
5 🔲 11 day Pre General 11 💢 Periodic July 15, 20	IN-LIEU-OF ST	ATEMENT	<u>-</u>	
4 32 day Pre General 10 Periodic Jan. 15, 20				
3 ☐ 10 day Post Primary* 9 ☐ 27 day Post Special*				
2 11 day Pre Primary 8 11 day Pre Special				
1 32 day Pre Primary 7 32 day Pre Special				
** CHECK ONE BOX AND INDICATE STATEMENT NUMBER ABOVE	SUMMARY/STATUS REPORT			
TYPE OF REPORT	HOUSEKEEPING EXPENSES	(SCH. Q)	ļ ,	
	HOUSEKEEPING RECEIPTS	(SCH. P)		
Housekeeping Account Only PAC	PARTNERS/SUBCONTRACTS	(SCH. O)		
☐ Party Committee ☐ Constituted Committee ☐ Political Committee	OUTSTANDING LIABILITIES	(SCH. N)		
STATEMENT IS BEING FILED BY:	EXPENDITURE REFUNDS/CONTRIBUTIONS REFUND			
OFFICE/DISTRICT/CANDIDATE BEING SUPPORTED	LIABILITIES/LOANS FORGIVEN	(SCH. K)		
	LOANS RECEIVED/PAID	(SCH. I/J)		
9 THIS COMMITTEE AUTHORIZED BY THE CANDIDATE! 1159 1100				
COMMITTEE TREASURER NAME (LAST) (FIRST) S THIS COMMITTEE AUTHORIZED BY THE CANDIDATE? YES NO	TRANSFERS IN/OUT	(SCH. G/H)		
	EXPENDITURE PAYMENTS	(SCH. F)		
[all committees must file amended CF-02,03, and 16]	IN-KIND CONTRIBUTIONS/OTHER RECEIPTS	(SCH. D/E)		
City State Zip CHECK BOX IF MAILING ADDRESS HAS CHANGED SINCE LAST REPORT	ALL OTHER CONTRIBUTIONS	(SCH. C)		
City. Chale 7in	CORPORATE CONTRIBUTIONS	(SCH. B)		
Mailing Address of filer – number and street	INDIVIDUAL/PARTNERSHIPCONTRIBUTION	S (SCH. A)		
	STATEMENT INVENTORY		OF PAGES	AMENDED
Full name of Filer	CTATEMENT INVENTORY	7	NUMBER	SCHEDULES
IDENTIFICATION YOU MUST TYPE OR PRINT LE	EGIBLY IN BLACK OR BLUE INK			
FROM /	/ TO / /			····
ELECTION YEAR FILER ID STATEMENT NUMBER FROM BELOW" STATEMENT PERIO	D DATES			

FOR INFORMATION ON COMPLETING THIS FORM CALL 1-800-458-3453

MONETARY CONTRIBUTIONS/Individual & Partnerships Schedule A

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES					PAGE
		FROM / / To	0 / /	/			OF
							,
DATE RECEIVED	NAME				CHECK#	AMOUNT	PREV. AMT.
	STREET		APT				
Code:	CITY - STATE		ZIP			\$	\$
DATE RECEIVED	NAME				CHECK#	AMOUNT	PREV. AMT.
	STREET		APT				
Code:	CITY - STATE		ZIP			\$	\$
ATE RECEIVED	NAME				CHECK#	AMOUNT	PREV. AMT.
	STREET		APT				
Code:	CITY - STATE		ZIP			\$	\$
DATE RECEIVED	NAME				CHECK#	AMOUNT	PREV. AMT.
	STREET		APT				
Code:	CITY - STATE		ZIP			\$	\$
DATE RECEIVED	NAME				CHECK#	AMOUNT	PREV. AMT.
	STREET		APT				
Code:	CITY - STATE		ZIP			\$	\$
DATE RECEIVED	NAME				CHECK#	AMOUNT	PREV. AMT.
	STREET		APT				
Code:	CITY - STATE		ZIP			\$	\$
DATE RECEIVED	NAME				CHECK#	AMOUNT	PREV. AMT.
	STREET		APT				
Code:	CITY - STATE		ZIP			\$	\$
DATE RECEIVED	NAME				CHECK#	AMOUNT	PREV. AMT.
	STREET		APT				
Code:	CITY - STATE		ZIP			\$	\$
DATE RECEIVED	NAME			+	CHECK#	AMOUNT	PREV. AMT.
	STREET		APT				
Code:	CITY - STATE		ZIP			\$	\$
DATE RECEIVED	NAME				CHECK#	AMOUNT	PREV. AMT.
	STREET		APT				
Code:	CITY - STATE		ZIP			\$	\$
						•	<u> </u>
				TOTAL TH	HIS PAGE	\$	
:ODF:				ı		1 '	

CODE:

CAN = CANDIDATE/CANDIDATE SPOUSE

IND = INDIVIDUAL

FAM = FAMILY MEMBER: SEE INSTRUCTIONS

PART = PARTNERSHIP: Partnerships which contribute over \$2500.00 total,

must further define in Schedule O.

Complete this summary on your last page only!

1	TOTAL ITEMIZED CONTRIBUTIONS	\$
2	TOTAL UNITEMIZED CONTRIBUTIONS	\$
3		
Sc	hedule Total	\$

MONETARY CONTRIBUTIONS/Corporate Schedule B

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES				PAGE
		FROM / /	TO / /			OF
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
	CITY - STATE		ZIP		\$	\$
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
	CITY - STATE		ZIP		\$	\$
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
	CITY - STATE		ZIP		\$	\$
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT	_		
	CITY - STATE		ZIP	_	\$	\$
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
	CITY - STATE		ZIP		\$	\$
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
	CITY - STATE		ZIP		\$	\$
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
	CITY - STATE		ZIP		\$	\$
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
	CITY - STATE		ZIP		\$	\$
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
	CITY - STATE		ZIP		\$	\$
DATE RECEIVED	NAME			CHECK#	AMOUNT	PREV. AMT.
	STREET		APT			
	CITY - STATE		ZIP		\$	\$
			TO	TAL THIS PAGE		

Complete this summary on your last page only!

③ Schedule Total	\$
② TOTAL UNITEMIZED CONTRIBUTIONS	\$
1 TOTAL ITEMIZED CONTRIBUTIONS	\$

MONETARY CONTRIBUTIONS/All Other Schedule C

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES				PAGE
		FROM / / TO / /				OF
						•
DATE RECEIVED	NAME		СН	ECK#	AMOUNT	PREV. AMT.
	STREET	APT				
	CITY - STATE	ZIP			\$	\$
DATE RECEIVED	NAME		СН	ECK#	AMOUNT	PREV. AMT.
	STREET	APT				
	CITY - STATE	ZIP			\$	\$
DATE RECEIVED	NAME		СН	ECK#	AMOUNT	PREV. AMT.
	STREET	APT				
	CITY - STATE	ZIP			\$	\$
DATE RECEIVED	NAME		СН	ECK#	AMOUNT	PREV. AMT.
	STREET	APT				
	CITY - STATE	ZIP			\$	\$
DATE RECEIVED	NAME		СН	ECK#	AMOUNT	PREV. AMT.
	STREET	APT				
	CITY - STATE	ZIP			\$	\$
DATE RECEIVED	NAME		СН	ECK#	AMOUNT	PREV. AMT.
	STREET	APT				
	CITY - STATE	ZIP			\$	\$
DATE RECEIVED	NAME		СН	ECK#	AMOUNT	PREV. AMT.
	STREET	APT				
	CITY - STATE	ZIP			\$	\$
DATE RECEIVED	NAME		СН	ECK#	AMOUNT	PREV. AMT.
	STREET	APT				
	CITY - STATE	ZIP			\$	\$
DATE RECEIVED	NAME		СН	ECK#	AMOUNT	PREV. AMT.
	STREET	APT				
	CITY - STATE	ZIP			\$	\$
DATE RECEIVED	NAME		СН	ECK#	AMOUNT	PREV. AMT.
	STREET	APT				
	CITY - STATE	ZIP			\$	\$
			TOTAL THIS I	PAGE	\$	

Complete this summary on your last page only!

③ Sch	nedule Total	\$
2	TOTAL UNITEMIZED CONTRIBUTIONS	\$ _
1	TOTAL ITEMIZED CONTRIBUTIONS	\$ _

IN-KIND CONTRIBUTIONS Schedule D

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES			PAGE
		FROM / / TO / /			OF
DATE RECEIVED	NAME			TYPE CODE:	
	STREET		APT	\$	
CNTRB CODE:	CITY - STATE		ZIP	DESCRIPTION	
DATE RECEIVED	NAME			TYPE CODE:	
	STREET		APT	\$	
CNTRB CODE:	CITY - STATE		ZIP	DESCRIPTION	
DATE RECEIVED	NAME			TYPE CODE:	
	STREET		APT	\$	
CNTRB CODE:	CITY - STATE		ZIP	DESCRIPTION	
DATE RECEIVED	NAME			TYPE CODE:	
	STREET		APT	\$	
CNTRB CODE:	CITY - STATE		ZIP	DESCRIPTION	
CONTRIBUTO	R CODE: ANDIDATE/ CANDIDATE SPOUSE	CONTRIBUTION TYPE CODE: 1 = SERVICES/FACILITIES PROVIDED	TOTAL THIS PAGE	\$	
FAM = FA CORP = CO	AMILY MEMBERS (SEE INSTRUCTIONS) ORPORATE	2 = PROPERTY GIVEN 3 = CAMPAIGN EXPENSES PAID	TOTAL ITEMIZED CONTRIBUTIONS	\$	
IND = IN PART = PA COM = CO	ARTNERSHIP		TOTAL UNITEMIZED CONTRIBUTIONS	\$	
			SCHEDULE TOTAL LAST PAGE ONLY	\$	

OTHER RECEIPTS Schedule E

DATE RECEIVED	NAME			RECEIPT AMOUNT
	STREET	APT	☐ INTEREST/DIVIDEND ☐ PROCEEDS SALE/LEASE	\$
	CITY - STATE	ZIP	OTHER	
DATE RECEIVED	NAME			RECEIPT AMOUNT
	STREET	APT	☐ INTEREST/DIVIDEND ☐ PROCEEDS SALE/LEASE	\$
	CITY - STATE	ZIP	OTHER	
DATE RECEIVED	NAME			RECEIPT AMOUNT
	STREET	APT	☐ INTEREST/DIVIDEND ☐ PROCEEDS SALE/LEASE	\$
	CITY - STATE	ZIP	OTHER	
DATE RECEIVED	NAME			RECEIPT AMOUNT
	STREET	APT	☐ INTEREST/DIVIDEND ☐ PROCEEDS SALE/LEASE	\$
	CITY - STATE	ZIP	OTHER	
			TOTAL THIS PAGE	\$
			TOTAL ITEMIZED RECEIPTS	\$
			TOTAL UNITEMIZED RECEIPTS	\$
			SCHEDULE TOTAL LAST PAGE ONLY	\$

EXPENDITURE/PAYMENTS Schedule F

ELECTION YEAR	FILER ID	STA	TEMENT PERIOD DATES					PAGE
			FROM / /	TO / /				OF
			DO NOT	report Transfers Out:				
DATE PAID	NAME		•		PURPOSE CODE	EXPLAIN	,	AMT PAID
	STREET		APT					
CHECK NO.	CITY - STATE		ZIP				\$	
DATE PAID	NAME				PURPOSE CODE	EXPLAIN	,	AMT PAID
	STREET		APT					
CHECK NO.	CITY - STATE		ZIP				\$	
DATE PAID	NAME				PURPOSE CODE	EXPLAIN	,	AMT PAID
	STREET		APT					
CHECK NO.	CITY - STATE		ZIP				\$	
DATE PAID	NAME				PURPOSE CODE	EXPLAIN	,	AMT PAID
	STREET		APT					
CHECK NO.	CITY - STATE		ZIP				\$	
DATE PAID	NAME				PURPOSE CODE	EXPLAIN	,	AMT PAID
	STREET		APT					
CHECK NO.	CITY - STATE		ZIP				\$	
DATE PAID	NAME				PURPOSE CODE	EXPLAIN	,	AMT PAID
	STREET		APT					
CHECK NO.	CITY - STATE		ZIP				\$	
DATE PAID	NAME				PURPOSE CODE	EXPLAIN	,	AMT PAID
	STREET		APT					
CHECK NO.	CITY - STATE		ZIP				\$	
DATE PAID	NAME				PURPOSE CODE	EXPLAIN	,	AMT PAID
	STREET		APT					
CHECK NO.	CITY - STATE		ZIP				\$	
DATE PAID	NAME				PURPOSE CODE	EXPLAIN	,	AMT PAID
	STREET		APT					
CHECK NO.	CITY - STATE		ZIP				\$	
					TOTAL THIS	PAGE	\$	
							1	

Expenditure Purpose Codes

CMAIL CONSL	Campaign Mailings Campaign Consultant *	POLLS POSTA	Polling Costs Postage	
CONSV	Constituent Services	PRINT	Print Ads	Complete this summary
CNTRB	Political Contributions	PROFL	Professional Services *	
FUNDR	Fundraising	RADIO	Radio Ads	on your last page only!
LITER	Campaign Literature	RENTO	Office Rent	
OFFCE	Office Expenses	TVADS	Television Ads	
OTHER	Other: Must Provide Explanation	VOTER	Voter Registration Materials or Services	

WAGES Campaign Workers' Salaries

1	TOTAL ITEMIZED EXPENDITURES	\$
2	TOTAL UNITEMIZED EXPENDITURES	\$
3	Schedule Total	\$

PETIT Petition Expenses

Interest Expense

INT

Receipts from Party Committee and other committees authorized solely for this candidate (TRANSFERS IN) Schedule G

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		PAGE
		FROM / / TO / /		OF
DATE	NAME	· · · · · · · · · · · · · · · · · · ·	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET	APT	1 🗆	
CHECK #	CITY - STATE	ZIP	2 🗆	\$
DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET	APT	1 🗆	
CHECK #	CITY - STATE	ZIP	2 🗆	\$
DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET	APT	1 🗆	
CHECK #	CITY - STATE	ZIP	2 🗆	\$
DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET	APT	1 🗆	
CHECK #	CITY - STATE	ZIP	2 🗆	\$
DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET	APT	1 🗆	
CHECK #	CITY - STATE	ZIP	2 🗆	\$
	Constituted Committees ittee Solely Supporting	NOTE: DO NOT REPORT FUNDS RECEIVED FROM INDEPENDENT COMMITTEES OR COMMITTEES AUTHORIZED BY A DIFFERENT CANDIDATE	TOTAL THIS PAGE	\$
	Candidate	AS A TRANSFER. THESE RECEIPTS MUST BE REPORTED AS A CONTRIBUTION ON SCHEDULE C.	SCHEDULE TOTAL Last Page Only	<i>u</i>

Payments to Party Committee and other committees

		authorized solely for this candidate	(TRANSFER	S OUT)	Schedule H
DATE	NAME			TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET		APT	1 🗆	
CHECK #	CITY - STATE	:	ZIP	2 🗆	\$
DATE	NAME			TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET		APT	1 🗆	
CHECK #	CITY - STATE		ZIP	2 🗆	\$
DATE	NAME			TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET		APT	1 🗆	
CHECK #	CITY - STATE	:	ZIP	2 🗆	\$
DATE	NAME			TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET		APT	1 🗆	
CHECK #	CITY - STATE	:	ZIP	2 🗆	\$
DATE	NAME			TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET		APT	1 🗆	
CHECK #	CITY - STATE		ZIP	2 🗆	\$
	<u> </u>	NOTE: DO NOT REPORT FUNDS PAID TO INDEPENDENT	COMMITTEES OR	TOTAL THIS PAGE	\$
YPE 1 – Pa	rty/Constituted (Committees COMMITTEES AUTHORIZED BY A DIFFERENT CANDIDA			Ψ

TYPE 2- Committee Solely Supporting Same Candidate

THESE PAYMENTS MUST BE REPORTED AS A PAYMENT ON SCHEDULE F.

OTAL THIS PAGE	\$
CHEDULE TOTAL Last Page Only	\$

LOANS RECEIVED Schedule I

ELECTION YEAR	FILER ID	STATEMENT PER	RIOD DATES						PAGE
		FROM /	I	10	1	/			OF
LOAN DATE	LENDER NAME								LOAN AMOUNTT
	STREET						Al	זי	
Check if Bank Loan	CITY - STATE						ZI	P	s
LOAN DATE	LENDER NAME						14.1		LOAN AMOUNT
	STREET						Ai	PT	
Check if Bank Loan	CITY - STATE						ZI	Р	\$
LOAN DATE	LENDER NAME								LOAN AMOUNT
	STREET						Al	T	
Check if Bank Loan	CITY - STATE						ZI	p	s
LOAN DATE	LENDER NAME								LOAN AMOUNT
	STREET						AF	т	
Check if Bank Loan	CITY · STATE						ZI	P	s
LOAN DATE	LENDER NAME								LOAN AMOUNT
	STREET	44-14					AF	rT	
(_)Check if Bank Loan	CITY - STATE						ZI	5	s
	received during the reporting period. V							TOTAL THIS PAGE	s
received from	a lending institution, the evidence of in any other person who endorses, co-si	ndebtedness must incli	ude the name	and ad	dress	of any		SCHEDULE FOTAL Last Page Only	ş

LOAN REPAYMENTS Schedule J

ORIGINAL DATE OF LOAN	LENDER NAME		CHECK NO	AMOUNT
	STREET	APT		
	CITY - STATE	ZIP	DATE	s
PRIGINAL DATE OF LOAN	LENDER NAME		CHECK NO.	AMOUNT
	STREET	APT		
	CITY - STATE	ZIP	DATE	s
RIGINAL DATE OF LOAN	LENDER NAME		CHECK NO.	AMOUNT
	STREET	APT		
	CITY - STATE	ZIP	DATE	ş
RIGINAL DATE OF LOAN	LENDER NAME		CHECK NO.	AMOUNT
	STREET	APT		
	CITY - STATE	ZIP	DATE	s
RIGINAL DATE OF LOAN	LENDER NAME		CHECK NO.	AMOUNT
	STREET	APT		
	CITY - STATE	ZIP	DATE	\$
			TOTAL THIS PAGE	s
			SCHEDULE TOTAL	

LIABILITIES/LOANS FORGIVEN Schedule K

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		PAGE
		FROM / / TO / /		OF
		*		
DATE	VENDOR/LENDER			AMOUNT FORGIVEN
	STREET	APT	LIABILITY	
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE	· ZIP.	LOAN	
DATE	VENDOR/LENDER			AMOUNT FORGIVEN
	STREET	APT	LIABILITY	
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE	ZIP	CLOAN	
DATE	VENDOR/LENDER			AMOUNT FORGIVEN
	STREET	APT	LIABILITY	
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE	ZIP	LOAN	
DATE	VENDOR/LENDER			AMOUNT FORGIVEN
ODICINAL DATE	STREET	APT	LIABILITY	
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE	ZIP	LOAN	
DATE	VENDOR/LENDER			AMOUNT FORGIVEN
ORIGINAL DATE	STREET	APT	LIABILITY	
OF LIABILITY/ LOAN	CITY / STATE	ZIP	LOAN	
DATE	VENDOR/LENDER			AMOUNT FORGIVEN
ORIGINAL DATE	STREET	APT	LIABILITY	
OF LIABILITY/ LOAN	CITY / STATE	ZIP	LOAN	
DATE	VENDOR/LENDER			AMOUNT FORGIVEN
ORIGINAL DATE	STREET	APT	LIABILITY LOAN	
OF LIABILITY/ LOAN	CITY / STATE	ZIP	LOAN	
DATE	VENDOR/LENDER			AMOUNT FORGIVEN
	STREET	APT	LIABILITY	1
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE	ZIP	\square LOAN.	
DATE	VENDOR/LENDER			AMOUNT FORGIVEN
	STREET	APT	LIABILITY	
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE	ZIP	LOAN	
DATE	VENDOR/LENDER	, , , , , , , , , , , , , , , , , , ,		AMOUNT FORGIVEN
	STREET	APT	LIABILITY	
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE	ZIP	LOAN	
DATE	VENDOR/LENDER			AMOUNT FORGIVEN
0010	STREET	APT	LIABILITY	
ORIGINAL DATÉ OF LIABILITY/ LOAN	CITY / STATE	ZIP	LOAN	
	L NCE FROM VENDOR/LENDER INDICATING FORGIVE	ENESS MUST BE ATTACHED.	TOTAL THIS PAGE	\$
			SCHEDULE TOTAL (LAST PAGE ONLY)	s
			<u> </u>	L

EXPENDITURE REFUNDS Schedule L

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		PAGE
		FROM / / TO / /		OF
DATE RECEIVED	NAME			ORIG. PAYMENT DATE
	STREET		APT	-
	CITY / STATE		ZIP	AMOUNT \$
DATE RECEIVED	NAME			ORIG. PAYMENT DATE
	STREET		APT	-
	CITY / STATE		ZIP	AMOUNT \$
DATE RECEIVED	NAME			ORIG. PAYMENT DATE
	STREET		APT	-
	CITY / STATE		ZIP	AMOUNT \$
DATE RECEIVED	NAME			ORIG. PAYMENT DATE
	STREET		APT	1
	CITY / STATE		ZIP	AMOUNT \$
DATE RECEIVED	NAME			ORIG. PAYMENT DATE
	STREET		APT	
	CITY / STATE		ZIP	AMOUNT \$
	1		TOTAL THIS PAGE	\$
			SCHEDULE TOTAL LAST PAGE ONLY	

CONTRIBUTIONS REFUNDED Schedule M

REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME			AMOUNT REFUNDED
		STREET	APT		- \$
		CITY - STATE	ZIP		CHECK#
REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME			AMOUNT REFUNDED
		STREET	APT		\$
		CITY - STATE	ZIP		CHECK#
REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME			AMOUNT REFUNDED
		STREET	APT		\$
		CITY - STATE	ZIP		CHECK#
REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME			AMOUNT REFUNDED
		STREET	APT		\$
		CITY - STATE	ZIP		CHECK#
REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME			AMOUNT REFUNDED
		STREET	APT		\$
		CITY - STATE	ZIP		CHECK#
	-1	,		TOTAL THIS PAGE	s
				SCHEDULE TOTAL	

OUTSTANDING LIABILITIES Schedule N

ELECTION YEAR	FILER ID		STATEMENT PERIOD DA	ATES						PAGE
			FROM / /	TO /	1					OF
						•	_			
DATE	NAME				TOTAL ORI	G. AMOUNT	PURPOSE COL	DE EXPLAIN	AMT.	OUTSTANDING
	STREET			APT						
□ CURRENT	CITY - STATE			ZIP	1					
☐ CURRENT ☐ PRIOR					\$				\$	
DATE	NAME				TOTAL ORI	G. AMOUNT	PURPOSE COL	DE EXPLAIN	AMT.	OUTSTANDING
	STREET			APT	1			_		
☐ CURRENT ☐ PRIOR	CITY - STATE			ZIP	\$				\$	
DATE	NAME				TOTAL ORI	G. AMOUNT	PURPOSE COL	DE EXPLAIN	AMT.	OUTSTANDING
	STREET			APT	1			_		
□ CURRENT	CITY - STATE			ZIP	-					
☐ CURRENT ☐ PRIOR	NAME				\$	C AMOUNT	PURPOSE COL	DE LEVELAIN	\$ ^MT	OUTSTANDING
DATE					TOTAL ORI	S. AMOUNT	PURPOSE COL	DE EXPLAIN	AWI.	OUTSTANDING
	STREET			APT						
☐ CURRENT ☐ PRIOR	CITY - STATE			ZIP	\$				\$	
DATE	NAME				TOTAL ORI	G. AMOUNT	PURPOSE COL	DE EXPLAIN	AMT.	OUTSTANDING
	STREET			APT	1			_		
☐ CURRENT	CITY - STATE			ZIP						
☐ PRIOR					\$				\$	
DATE	NAME				TOTAL ORI	G. AMOUNT	PURPOSE COL	DE EXPLAIN	AMT.	OUTSTANDING
	STREET			APT	1			_		
☐ CURRENT ☐ PRIOR	CITY - STATE			ZIP	\$				\$	
DATE	NAME				TOTAL ORI	G. AMOUNT	PURPOSE COL	DE EXPLAIN	AMT.	OUTSTANDING
	STREET			APT	-			_		
□ CURRENT	CITY - STATE			ZIP	-					
☐ CURRENT ☐ PRIOR					\$				\$	
DATE	NAME				TOTAL ORI	G. AMOUNT	PURPOSE COI	DE EXPLAIN	AMT.	OUTSTANDING
	STREET			APT	1					
☐ CURRENT ☐ PRIOR	CITY - STATE			ZIP	\$				\$	
DATE	NAME					G. AMOUNT	PURPOSE COL	DE EXPLAIN		OUTSTANDING
	STREET			APT	-			_		
☐ CURRENT	CITY - STATE			ZIP						
☐ PRIOR				ZIF	\$				\$	
							-	TOTAL THIS PAGE		
								SCHEDULE	\$	
		Purpose of Liab	ility Codes					TOTAL		
CMAIL	Campaign Mailings		olling Costs				L	Last Page Only	\$	
CONSL CONSV	Campaign Consultant Constituent Services		ostage rint Ads							
CONSV	Fundraising		rofossional Sorvices							

 CMAIL
 Campaign Mailings
 POLLS
 Polling Costs

 CONSL
 Campaign Consultant
 POSTA
 Postage

 CONSV
 Constituent Services
 PRINT
 Print Ads

 FUNDR
 Fundraising
 PROFL
 Professional Services

 LITER
 Campaign Literature
 RADIO
 Radio Ads

 OFFCE
 Office Expenses
 RENTO
 Office Rent

 OTHER
 Other: Must Provide Explanation
 TVADS
 Television Ads

 PETIT
 Petition Expenses
 VOTER
 Voter Registration Materials or Services

WAGES Campaign Workers' Salaries

PARTNERS SUBCONTRACTS Schedule O

ELECTION YEAR	FILER ID			STATEMENT PERIOD	DATES		PAGE
				FROM /	/TO / /		OF
AMT OF CONTRIBUTION	PARTNERSHII	PNAME			PAYEE NAME		
\$							
DATE RECEIVED	STREET			APT	STREET		APT
	CITY - STATE			ZIP	CITY - STATE		ZIP
PARTNER NA	I MF				PROVIDER OF FINISHED	GOODS/SERVICES:	
LAST	FIRST	MI	AMOUNT	PREVIOUS	NAME		AMT ATTRIBUTED
STREET		APT	ATTRIBUTED	AMOUNT	STREET	APT	\$
CITY / STATE		ZIP	<u></u>	•	CITY / STATE	ZIP	CODE
LAST	FIRST	MI	AMOUNT	\$ PREVIOUS	NAME		AMT ATTRIBUTED
STREET		APT	ATTRIBUTED	AMOUNT	STREET	APT	\$
CITY / STATE		ZIP	6	•	CITY / STATE	ZIP	CODE
LAST	FIRST	MI	AMOUNT	\$ PREVIOUS	NAME		AMT ATTRIBUTED
STREET		APT	ATTRIBUTED	AMOUNT	STREET	APT	\$
CITY / STATE		ZIP	1		CITY / STATE	ZIP	CODE
LAST	FIRST	MI	\$ AMOUNT	\$ PREVIOUS	NAME		AMT ATTRIBUTED
STREET	-	APT	ATTRIBUTED	AMOUNT	STREET	APT	
CITY / STATE		ZIP	_		CITY / STATE	ZIP	CODE
LAST	FIRST	MI	\$ AMOUNT	\$ PREVIOUS	NAME		— — — — — AMT ATTRIBUTED
STREET		APT	ATTRIBUTED	AMOUNT	STREET	APT	\$
CITY/STATE		ZIP			CITY / STATE	ZIP	CODE
			\$	\$		LIF	— — — — — AMT ATTRIBUTED
LAST	FIRST	MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME		
STREET		APT			STREET	APT	\$ CODE
CITY / STATE		ZIP	\$	\$	CITY / STATE	ZIP	
LAST	FIRST	MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME		AMT ATTRIBUTED
STREET		APT			STREET	APT	\$ CODE
CITY / STATE		ZIP	\$	\$	CITY / STATE	ZIP	
LAST	FIRST	MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME		AMT ATTRIBUTED
STREET		APT	1		STREET	APT	\$ CODE
CITY / STATE		ZIP	\$	\$	CITY / STATE	ZIP	
LAST	FIRST	MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME		AMT ATTRIBUTED
STREET		APT	ATTRIBUTED	AWOUNT	STREET	APT	\$
CITY / STATE		ZIP	\$	\$	CITY / STATE	ZIP	CODE
		TOTAL AMOUNT ATTRIBUTED	A s	A \$	PLEASE USE "PUR	POSE CODES"	<u> </u>

B \$

A+B

TOTAL AMOUNT

UNITEMIZED
TOTAL AMOUNT

CONTRIBUTION

В

A+B

PLEASE USE "PURPOSE CODES" FOUND ON SCHEDULE F or N

* NON CAMPAIGN HOUSEKEEPING RECEIPTS Schedule P

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATE		PAGE
		FROM / / TO / /		OF
	<u> </u>			
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP	\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP	\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP	\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	АРТ		
CHECK #	CITY - STATE	ZIP	\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP	\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	АРТ		
CHECK #	CITY - STATE	ZIP	\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	APT		
CHECK #	CITY - STATE	ZIP	\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	АРТ		
CHECK #	CITY - STATE	ZIP	\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	АРТ		
CHECK #	CITY - STATE	ZIP	\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET	АРТ		
CHECK #	CITY - STATE	ZIP	\$	\$
		TOTAL 1	THIS PAGE \$	
		TOTAL	IIIIO I AOL V	_

CODE:

IND = INDIVIDUAL

CORP = CORPORATE

PART = PARTNERSHIP: Partnerships which contribute over \$2500.00 total,

must further define in Schedule O.

COMM = POLITICAL COMMITTEE

Complete this summary on your last page only!

1 TOTAL ITEMIZED S SCHEdule Total S

^{*} This schedule to be used only by party or constituted committee.

NON-CAMPAIGN HOUSEKEEPING EXPENSES Schedule Q

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		PAC
		FROM / / TO / /		0
		DO NOT report Transfers Out:		•
DATE PAID	NAME		PURPOSE CODE	EXPLAIN AMT PAID
	STREET	APT		
CHECK NO.	CITY - STATE	ZIP		
		ZIF		\$
DATE PAID	NAME		PURPOSE CODE	EXPLAIN AMT PAID
	STREET	APT		
CHECK NO.	CITY - STATE	ZIP		\$
DATE PAID	NAME		PURPOSE CODE	EXPLAIN AMT PAID
	STREET	APT		
CHECK NO.	CITY - STATE	ZIP		
		ZIF		\$
DATE PAID	NAME		PURPOSE CODE	EXPLAIN AMT PAID
	STREET	APT		
CHECK NO.	CITY - STATE	ZIP		\$
DATE PAID	NAME		PURPOSE CODE	EXPLAIN AMT PAID
	STREET	APT		
CHECK NO.	CITY - STATE	ZIP		
		ZIF		\$
DATE PAID	NAME		PURPOSE CODE	EXPLAIN AMT PAID
	STREET	APT		
CHECK NO.	CITY - STATE	ZIP		\$
DATE PAID	NAME		PURPOSE CODE	EXPLAIN AMT PAID
	STREET	APT		
CHECK NO.	CITY - STATE	ZIP		
		211		\$
DATE PAID	NAME		PURPOSE CODE	EXPLAIN AMT PAID
	STREET	APT		
CHECK NO.	CITY - STATE	ZIP		\$
DATE PAID	NAME		PURPOSE CODE	EXPLAIN AMT PAID
	STREET	APT		
CHECK NO.	CITY - STATE	ZIP		
0.1201110.	J			\$
			TOTAI	THIS PAGE \$
Expenditu RENTO	ure Purpose Codes (use on Schedule Q only) Office Rent		<u></u>	
UTILS	Utilities		① ITEM EXPEND	ral IZED
PAYRL	Payroll			ITURES \$
POSTA PROFL	Postage Professional Services	Complete this sum	10	TAL MIZED
OFEVE	Office Expanses	on your last page	only! © UNITE	MIZED DITURES §

Schedule

Total

\$

OFEXP Office Expenses

Other: Provide Explanation

Voter Registration Materials or Services

MAILS

OTHER

VOTER

^{*} This schedule to be used only by party or constituted committee.

ELECTION YEAR	FILERID	STATEMENT PERIOD DATES	
		FROM / / TO / /	

SUMMARY OF RECEIPTS / EXPENDITURES

1.	OPENING BALANCE — must be the same as line	e 7 of your previous	s report	>
2.	CONTRIBUTIONS			
	2a) Schedule A - Individuals - total	\$	_	
	2b) Schedule B - Corporations - total	\$		
	2c) Schedule C - Other - total	\$	_	
	2d) Schedule D - In-kind - total	\$	_	
	2e) Total Contributions (add 2a through 2d)		\$	
3.	MISCELLANEOUS RECEIPTS			
	3a) Schedule E - Other receipts - total	\$	_	
	3b) Schedule G - Transfers in - total	\$		
	3c) Schedule I - Loans received - total	\$	_	
	3d) Schedule L - Expenditure refunds - total	\$	_	
	3e) Schedule P - Housekeeping receipts - total	\$	_	
	3f) Total Miscellaneous Receipts (add 3a through 3	3e)	\$	
4.	TOTAL RECEIPTS THIS PERIOD (add 2e and			
5.	TOTAL (add line 1 and line 4)			. \$
6.	EXPENSES			
	6a) Schedule F - Expenditures/Payments - total	\$	_	
	6b) Schedule D Total (Offset)	\$	_	
	6c) Schedule H - Transfers out - total	\$	_	
	6d) Schedule J - Loans repaid - total	\$	_	
	6e) Schedule M - Contribution refunds - total	\$	_	
	6f) Schedule Q - Housekeeping expenses - total	\$	_	
	6g) TOTAL Expenses this period (add 6a through 6	Sf)		\$
7.	BALANCE AT END OF PERIOD (subtract lin	ne 6g from line	5)	. \$

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES	
		FROM / / TO / /	

STATUS REPORT

8.	STATUS OF CONTRIBUTIONS	
	8a) Contributions received, from line 8e of your previous report	\$
	8b) Contributions received this period, line 2e	
	8c) TOTAL, line 8a plus 8b	
	8d) Contributions refunded, from this summary, line 6e	
	8e) TOTAL contributions to date (line 8c minus 8d)	
	,	
9.	STATUS OF CAMPAIGN EXPENSES	
	9a) Campaign expenses paid, from line 9f of your previous report*	\$
	9b) Campaign expenses this period, line 6a	
	9c) In-Kind offset, Schedule D total	
	9d) TOTAL add lines 9a throug9c	
	9e) Refunds of campaign expenses, from this summary, line 3d	\$
	9f) SUB-TOTAL campaign expenses to date (line 9d minus 9e)	
	9g) Outstanding liabilities (Schedule N total)	\$
	9h) Total Campaign Expenses to date (line 9f plus line 9g)	
*T]	his figure will be 0 (zero) if this is the first report of a new campaign.	
	9i) EXPENSE ALLOCATION	
	Candidate name Office/District Election Year \$	Amount
	TOTAL AMOUNT ALLOCATED (please use additional pages if necessary)\$	
10	. STATUS OF LOANS MADE	
	10a) Loans made to date, from line 10f of your previous report	\$
	10b) Loans made this period, from your records	
	10c) TOTAL, line 10a plus 10b	
	10d) Amounts included in 10c above, which were repaid this period	
	10e) Amounts included in 10c above, which were forgiven this period	
	10f) Balance of loans made to date (line 10c minus 10d and 10e)	
11.	. STATUS OF HOUSEKEEPING RECEIPTS	
	11a) Housekeeping receipts ONLY, from line 11c of your previous report	\$
	11b) Housekeeping expenses this period, from this summary, line 3e	
	11c) TOTAL housekeeping receipts to date, (line 11a plus 11b)	
	The first measuresping receipts to date, (into the plant the)	2
12.		\$
	STATUS OF HOUSEKEEPING EXPENSES	\$
	12a) Housekeeping expenses ONLY, from line 12c of your previous report	\$
		\$ \$